



FEE TRANSMITTAL FOR FY 2005

(FY 2005 Begins 10/01/2004)

TOTAL AMOUNT OF PAYMENT (\$) 196.00

Complete if Known:

Application N. 09/659,864
Filing Date 9/12/00
First Named Inventor Vogel
Examiner Name Tran, T.
Art Unit 2134
Attorney Docket No. 04860.P2436

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Credit any overpayments.

Charge any additional fees during the pendency of this application.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

RECEIVED

NOV 22 2004

Technology Center 2100

1. BASIC FILING FEE

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>		
Fee	Fee	Fee			
Code	(\$)	(\$)			
1001	790	2001	395	Utility application filing fee	_____
1002	350	2002	175	Design application filing fee	_____
1003	550	2003	275	Plant filing fee	_____
1004	790	2004	395	Reissue filing fee	_____
1005	160	2005	80	Provisional application filing fee	_____
SUBTOTAL (1) \$ 0					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims <u>51</u>	<u>- 45** = 5</u>	<u>X 18.00</u>	<u>= 108.00</u>
Independent Claims <u>8</u>	<u>- 7** = 1</u>	<u>X 88.00</u>	<u>= 88.00</u>
Multiple Dependent			

**Or number previously paid, if greater; For Reissues, see below.

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>		
Fee	Fee	Fee		
Code	(\$)	(\$)		
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	**Reissue Independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 196.00

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FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Description</u>	<u>Fee Paid</u>
Fee	Fee		
Cd	Cde		
1051	130	2051 65	
1052	50	2052 25	
1053	130	1053 130	
1812	2,520	1812 2,520	
1813	8,800	1813 8,800	
1804	920*	1804 920*	
1805	1,840*	1805 1,840*	
1251	110	2251 55	
1252	430	2252 215	
1253	980	2253 490	
1254	1,530	2254 765	
1255	2,080	2255 1,040	
1401	340	2401 170	
1402	340	2402 170	
1403	300	2403 150	
1451	1,510	1451 1,510	
1452	110	2452 55	
1453	1,370	2453 685	
1501	1,370	2501 685	
1502	490	2502 245	
1503	660	2503 330	
1460	130	1460 130	
1807	50	1807 50	
1806	180	1806 180	
8021	40	8021 40	
1809	790	2809 395	
1814	110	2814 55	
1810	790	2810 395	
1801	790	2801 395	
1802	900	1802 900	
1504	300	1504 300	
1505	300	1505 300	
1803	130	1803 130	
1808	130	1808 130	
1454	1,370	1454 1,370	
Acceptance of unintentionally delayed claim for priority			

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Sheryl Sue Holloway

Signature: [Signature] Date: NOV. 11, 2004

Reg. Number: 37,850 Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Based on Form PTO/SB/17 (08-03) as modified by BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP on 09/30/04.